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7590

09/21/2005

Patent Department
Mitsubishi Electric Research Laboratories Inc
201 Broadway
8th Floor
Cambridge, MA 02139

12/14/2005 RFEKADU2 00000027 500749 09715639

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<u>Clifton D. Mueller</u>	(Depositor's name)
<u>Clifton D. Mueller</u>	(Signature)
<u>November 30, 2005</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/715,639	11/17/2000	Kadir A. Peker	MH-5061	8846

TITLE OF INVENTION: ADAPTIVELY PROCESSING A VIDEO BASED ON CONTENT CHARACTERISTICS OF FRAMES IN A VIDEO

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHEN, WENPENG	2624	382-173000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Dirk Brinkman
- 2 Andrew J. Curtin
- 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Mitsubishi Electric Research Laboratories, Inc.

Cambridge, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0749 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Clifton D. Mueller

Date

November 30, 2005

Typed or printed name

Clifton D. Mueller

Registration No.

57,836

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